Complete Summary

TITLE

Depression: the percentage of patients with a new diagnosis of depression and assessment of severity recorded between the preceding 1 April to 31 March who have had a further assessment of severity 5-12 weeks (inclusive) after the initial recording of the assessment of severity.

SOURCE(S)

British Medical Association (BMA) and NHS Employers. Quality and outcomes framework guidance for GMS contract 2009/10. London (UK): British Medical Association, National Health Service Confederation; 2009 Mar. 162 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients with a new diagnosis of depression and assessment of severity recorded between the preceding 1 April to 31 March who have had a further assessment of severity 5-12 weeks (inclusive) after the initial recording of the assessment of severity. Both assessments should be completed using an assessment tool validated for use in primary care.

RATIONALE

Depression is common and disabling. The estimated point prevalence for major depression among 16 to 65 year olds in the United Kingdom (UK) is 21/1000 (males 17, females 25). Mixed anxiety and depression is prevalent in a further 10 percent of adult patients attending general practice (National Institute of Health

and Clinical Excellence [NICE] Depression guideline, 2004). It contributes 12 percent of the total burden of non-fatal global disease and by 2020, looks set to be second after cardiovascular disease in terms of the world's disabling diseases (Murray CJL and Lopez AD, 1996). Major depressive disorder is increasingly seen as chronic and relapsing, resulting in high levels of personal disability, lost quality of life for patients, their family and carers, multiple morbidity, suicide, higher levels of service use and many associated economic costs. In 2000, 109.7 million lost working days and 2,615 deaths were attributable to depression. The total annual cost of adult depression in England has been estimated at over 9 billion pounds, of which 370 million pounds represents direct treatment costs.

This measure is one of three Depression measures.

Assessment of severity is essential to decide on appropriate interventions and improve the quality of care. A measure of severity at the outset of treatment enables a discussion with the patient about relevant treatment interventions and options, guided by the stepped care model of depression described in NICE guidance. The guidance states, for example, that antidepressants are not recommended for the initial treatment of mild depression but should be routinely considered for all patients with moderate or severe depression. The British Association of Psychopharmacology Guidelines state that antidepressants are a first-line treatment for moderate to severe major depression irrespective of environmental factors and that antidepressants are not indicated for milder depression unless it has persisted for two years or more ('dysthymia') (Anderson et al., Journal of Psychopharmacology 2000).

The three suggested severity measures validated for use in a primary care setting are the Patient Health Questionnaire (PHQ-9), the Beck Depression Inventory Second Edition (BDI-II) and the Hospital Anxiety and Depression Scale (HADS). It is advisable for a practice to choose one of these three measures and become familiar with its questions and scoring systems.

Not all severity assessment measures map directly onto NICE guidance, which uses ICD-10 symptoms in defining mild, moderate, severe and severe depression with psychotic symptoms. However, the underlying principle of all three suggested measures is that a higher score indicates greater severity requiring different types of treatment. Refer to the original measure documentation for further details regarding each of these three assessment tools.

The rationale for such follow-up measurement is derived from the recognition that depression is often a chronic disease, yet treatment is often episodic and short-lived (Kates and Mach, 2007).

If treatment with antidepressants is initiated, then patients should be being followed up regularly for several months. Early cessation of treatment is associated with a greater risk of relapse, and the 2004 NICE guidelines on depression recommend initial treatment for six months after recovery. One study showed that only around one third or less of patients prescribed antidepressants were still receiving medication at 4-6 months (Donoghue et al., 2000). Recent analysis of the GP Research Database for the years 1993 to 2005 has confirmed this finding: more than half of the patients treated with antidepressants for a new diagnosis of depression during those years received prescriptions for only one or

two months of treatment and that pattern had not changed over the 13 year period (Kendrick et al., 2007). If treatment is not started after the initial diagnosis then NICE guidance suggests patients should in any case be reassessed over one to two months, to see whether their symptoms have resolved or worsened to the point where treatment becomes advisable ('watchful waiting').

Recent research into the use of severity measures has shown that patients whose general practitioners (GPs) used the measures for follow-up in addition to initial assessment valued having repeated scores to help monitor their progress and assess the effectiveness of treatment (Dowrick et al.). When asked, most of the GPs interviewed for the same study also believed that there was value in repeating the score as a way of monitoring patients' progress.

The PHQ-9 has been shown to be a responsive and reliable measure for gauging response to treatment in individual patient care (Lowe et al., 2004).

PRIMARY CLINICAL COMPONENT

Depression; severity assessment (initial and follow-up); Patient Health Questionnaire (PHQ-9); Hospital Anxiety and Depression Scale (HADS); Beck Depression Inventory Second Edition (BDI-II)

DENOMINATOR DESCRIPTION

Patients with a new diagnosis of depression and assessment of severity recorded between the preceding 1 April to 31 March (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Number of patients from the denominator who have had a further assessment of severity 5-12 weeks (inclusive) after the initial recording of the assessment of severity (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
National reporting
Pay-for-performance

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Age greater than or equal to 18

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

See the "Rationale" field.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See the "Rationale" field.

UTILIZATION

See the "Rationale" field.

COSTS

See the "Rationale" field.

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Patients with a new diagnosis of depression and assessment of severity recorded between the preceding 1 April to 31 March*

*__Note__: The Quality and Outcomes Framework (QOF) includes the concept of exception reporting. This has been introduced to allow practices to pursue the quality improvement agenda and not be penalised, where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

The following criteria have been agreed for exception reporting:

A. patients who have been recorded as refusing to attend review who have been invited on at least three occasions during the preceding twelve months
B. patients for whom it is not appropriate to review the chronic disease parameters due to particular circumstances, e.g., terminal illness, extreme frailty
C. patients newly diagnosed within the practice or who have recently registered with the practice, who should have measurements made within three months and delivery of clinical standards within nine months, e.g., blood pressure or cholesterol measurements within target levels
D. patients who are on maximum tolerated doses of medication whose levels remain suboptimal

E. patients for whom prescribing a medication is not clinically appropriate, e.g., those who have an allergy, another contraindication or have experienced an adverse reaction
F. where a patient has not tolerated medication
G. where a patient does not agree to investigation or treatment (informed dissent), and this has been recorded in their medical records
H. where the patient has a supervening condition which makes treatment of their condition inappropriate, e.g., cholesterol reduction where the patient has liver disease
I. where an investigative service or secondary care service is unavailable

Refer to the original measure documentation for further details.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients with a new diagnosis of depression and assessment of severity recorded between the preceding 1 April to 31 March

Exclusions

This measure does not include women with postnatal depression. See "Description of Case Finding" field for exception reporting.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Diagnostic Evaluation

DENOMINATOR TIME WINDOW

Time window is a fixed period of time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of patients from the denominator who have had a further assessment of severity 5-12 weeks (inclusive) after the initial recording of the assessment of severity*

*__Note__: Both assessments should be completed using an assessment tool validated for use in primary care. The three suggested severity measures validated for use in a primary care setting are the Patient Health Questionnaire (PHQ-9), the Beck Depression Inventory Second Edition (BDI-II) and the Hospital Anxiety and Depression Scale (HADS). It is advisable for a practice to choose one of these three measures and become familiar with its questions and scoring systems. Refer to the original measure documentation for further details regarding each of these three assessment tools.

Exclusions
Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Medical record
Registry data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Patient Health Questionnaire (PHQ-9)

Hospital Anxiety and Depression Scale (HADS)

Beck Depression Inventory Second Edition (BDI-II)

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

External comparison at a point in time
Internal time comparison
Prescriptive standard

PRESCRIPTIVE STANDARD

Payment stages: 40-90%

EVIDENCE FOR PRESCRIPTIVE STANDARD

British Medical Association (BMA) and NHS Employers. Quality and outcomes framework guidance for GMS contract 2009/10. London (UK): British Medical Association, National Health Service Confederation; 2009 Mar. 162 p.

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

DEP 3. In those patients with a new diagnosis of depression and assessment of severity recorded between the preceding 1 April to 31 March, the percentage of patients who have had a further assessment of severity 5-12 weeks (inclusive) after the initial recording of the assessment of severity. Both assessments should be completed using an assessment tool validated for use in primary care.

MEASURE COLLECTION

Quality and Outcomes Framework Indicators

MEASURE SET NAME

Depression

DEVELOPER

British Medical Association
National Health Service (NHS) Confederation

FUNDING SOURCE(S)

The expert panel who developed the indicators were funded by the English Department of Health.

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

The main indicator development group is based in the National Primary Care Research and Development Centre in the University of Manchester. They are: Professor Helen Lester, NPCRDC, MB, BCH, MD; Dr. Stephen Campbell, NPCRDC, PhD; Dr. Umesh Chauhan, NPCRDC, MB, BS, PhD.

Others involved in the development of individual indicators are: Professor Richard Hobbs, Dr. Richard McManus, Professor Jonathan Mant, Dr. Graham Martin, Professor Richard Baker, Dr. Keri Thomas, Professor Tony Kendrick, Professor Brendan Delaney, Professor Simon De Lusignan, Dr. Jonathan Graffy, Dr. Henry Smithson, Professor Sue Wilson, Professor Claire Goodman, Dr. Terry O'Neill, Dr. Philippa Matthews, Dr. Simon Griffin, Professor Eileen Kaner.

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

None for the main indicator development group.

ENDORSER

National Health Service (NHS)

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2009 Mar

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

British Medical Association (BMA) and NHS Employers. Quality and outcomes framework guidance for GMS contract 2009/10. London (UK): British Medical Association, National Health Service Confederation; 2009 Mar. 162 p.

MEASURE AVAILABILITY

The individual measure, "DEP 3. In Those Patients with a New Diagnosis of Depression and Assessment of Severity Recorded between the Preceding 1 April to 31 March, the Percentage of Patients Who Have Had a Further Assessment of Severity 5-12 Weeks (Inclusive) after the Initial Recording of the Assessment of Severity. Both Assessments Should Be Completed Using an Assessment Tool Validated for Use in Primary Care," is published in the "Quality and Outcomes Framework Guidance." This document is available from the British Medical Association Web site.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on October 1, 2009. The information was verified by the measure developer on March 4, 2010.

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